21		1.	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3) / / o.	0 4 3
ge 4 may be			CEASED NAME OR FIRST WILL X Mag G CEASED NAME FIRST WILL FIRST F	AM A RACE	MIDDLE	5. DATE C		20. DATE OF DEATH 6. AGE (IN YEARS LAST BIR		YEAR 2b. HOUR 83 490 N ER 1 YEAR IF UNDER 14 MRS DAYS HOURS MIN.
ofter death. Pog	ed within 77 hoursel die		RTHPLACE (STATE OR FOREIGN COUNTRY) TY OR TOWN OF DEATH	u		MARRIE	D NEVER MARRIED DO DIVORCED DO OTHER INSTITUTION	9. BALTIMORE CITY O	COUNTY OF DE	MD KIND OF BUSINESS OR BUSTRY
d within 24 hours	mpletely find in a ond 2 should be the examiner	13a. S	AL RESIDENCE (IF NURSING HOME) STATE THER'S NAME FIRST	OR OTHER INSTITUTION UNITY Lalina MIDDLE	DN. GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA/ FIRST	130. STREET ADDRESS A # 2 ME MIDDLE	Box	336 LAST
be executed	Pages 1		VAS DECEASED EVER IN U.S. A VES. NO OR UNKNOWN) (IF YES. C	ARMED FORCES?	? 16b. SOCIAL SEC	CURITY NO.	17. INFORMANT UILLIZ	addre	Adan	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the death cert	signed by the attending physicia then please remave carbondoppers, to burio!, cremotian, ar remaval njury, or ather traumatic event, the	No	18. CAUSE OF DEATH (Enter-PART I. DEATH WAS CAUSED IMMEDIATED IMME	SED BY: ATE CAUSE (o)_ DUE TO, (b)_ DUE TO, (c)_	OR AS A CONSEQ	UENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON		PRS PAS
he law re	isit permit. I giene priar shaws ony ii	CERTIFICATION	19a. DATE OF OPERATION	196 CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
AL OR AT	UNERAL DRECTOR. After this certifical do be detached for use as the burial-tran the State Dept. at Health and Mental Hy NRTANT: If Hem 21 is marked or Hem 18:	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMP 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify the Contribution of the Con	PATH HOUR / 21s. PLACI (AT HOME. S	1/15 19	19 E, FARM, ETC }	DE GREE	CITY OR TO CITY OR TO CITY OR TO CHAPTER NATURE OF INJUING CITY OR TO CHAPTER NATURE OF INJUING CITY OR TO CITY OR TO	wn co	OUNTY STATE
	should to the should t		BURIAL, CREMATION, REMOVA	23b. DAJE 6/21	/83 230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION PLITY OR TOWN	Lbus	Cas- mad
DHMH - I	6 50M 4/B2	24 F	JOHERAL DIRECTOR	11/	ADDRESS	0	1. m 250 DAT	REC'D BY REGISTRAN	John S	takiely

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				STATE OF MAR	YLAND	0 7 1	7 0 4 4
	h.	FOR STATE	DE	PARTMENT OF HEALTH AN		GIENE O O 1	1099
1		REGISTRAR		CERTIFICATE O	F DEATH	REG. NO.	
周		CEASED NOM	MIDDLE	1 LAST		20. DATE OF DEATH MONTH	DAY YEAR 26HOUR
	1	Interes	, C.	allei	U Jr	6-6-0	55
	3. SE		4. RACE	5. DATE OF BIRTH	Y YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 2 HRS
	1	male	Cau.	9-6-2!		57 YRS.	MONTHS DAYS HOURS MIN.
SI		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	INTRY? 8.	ER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
2	1	Md.	U.S.A.	WIDOWED	DIVORCED	Talbot	M
Port	10 C	TY OR TOWN OF DEATH		NURSING HOME OF OTHER I	INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS O
To A	6	astore,	, avery	arial		Policeman	Police
971	USU 13a.	AL RESIDENCE (IF NURSING HOLE OF TATE	NTY 134 CITY	CE BEFORE ADMISSION	DE CITY LIMITS?	13e. STREET ADDRESS	011-0
10	,	Md. Card		nsboro YES 🕱		N. Main St	. 2/639
1	M.F	THER'S NAME	WIDDLE	AST 15. MOTH	IER'S MAIDEN NA	WE	LAST
わし	V_{-}	John R. Al		77		Whittington	LASI
dicol 1		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIA	AL SECURITY NO. 17. INFOR		ADDRESS	u .
e de		res 194	48-1950 579	9-28-2834	Carol A	llen Green	sboro Md.
5 =		18 CAUSE OF DEATH (Enter o	nly one couse per line for (a),				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
went, f	150	PART I. DEATH WAS CAUSE	ED BY: ATE CAUSE (o)	ute myorn	nde 2	introtion	5 days
or re		4100	DUE TO, OR AS A COM	0		0	0
n n		Conditions, if any, which	((b) QC	terisaclor	atic f	Reart diseas	e uncertai
er troumotic		gove rise to immediate couse (a), stating the	DUE TO, OR AS A COM	NSEQUENCE OF			
or oth		underlying couse lost.	(c)	135 Q O E 11 C E O I	Media.	De Talben-Sal &	
7, 0,	1	PART 2. OTHER SIGNIFICANT,	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELA	TED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 110
5	o N			none			
No CA	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
shows	I E						res NO
8	G	210. ACCIDENT WAS UNDERLYING		TH DAY YEAR 21c. HOV	W INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}
Fem 7	18	OR CONTRIBUTING CAUSE OF DE	AIR	19			
0	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	OFFICE FARM STC)	ATION	CITY OR TOWN	COUNTY STATE
morked	1 2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)			
OE .		22a.1 certify tha (1) (this hosp	pital) attended the deceased	from Ce - A	19.83		, 19 53_, tho (II) (we) lo
21:		sow the deceased alive or	n <u>(e — (e</u> ot) view the body ofter death	_19 23, and that in	my) (our) opinion	death occurred on the date and he	our and from the couses stated
f them		22b. SIGNATURE	or view the body offer death	DEGREE			22c. DATE SIGNED
7 =		Robert W.T	never M.	D.	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	4-6-83
DRTANT AND	1	224 PHYSICIAN'S NAME (TYPE		22e. ADD		_ oweelow _ intolerate _	
MPORTANT				RD	3 Bo	x 297 Easte	on Md. 2160
M M	230	BURIAL, CREMATION, REMOVAI	1 22h DATE	23c. NAME OF CEMETERY		123d LOCATION	
	250.	Burial	23b. DATE 6-9-83	Woodlawn Me	^	CITY OR TOWN	COUNTY STATE
	74 E	JN RAL DIRECTOR	10	I OOGLIGHT ME	em Par	k Easton T	STRAR'S SIGNATURE
M 4/82	A	LY F K	71/	Man m		JN 1 0 1983 John	I takely
	14	DE VI	William I	0000		CV	

ease (dam. 9-6-25 CANADA COMPANIA COMPA enifod remarktes Md. Caroline Greenshord x . Main St. John R. Allen, Br. Hary Whittington yes 1948-1950 579-28-2834 Carol Allen Greensboro, Md. The state of the s and the same and the same of the same to be the the section report and the section of the 6-9-93 coodiawa Mag. has awalboom Ep-9-6 mobile outlined in the contract of

10	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF	EALTH AND M	ENTAL HYGI		REG. NO.	17	0	45
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ctor. p	3. SE	Male			asian	OC:	d DAY	907	7.5	y and the same	MONTHS RS	Days +	HOURS MINL
Pogo Para		RTHPLACE (STATE OR FOR	REIGN	76 CITIZEN OF		RY? 8.	D NEVER M		9. BALTIMORE	CITY OR COL	INTY OF DE	ATH	
de out	Ма	ryland .		U.S.		WIDOW	D ON	ORCED 🔲	1a-	200	/		MD.
ns ofter	18	TY OR TOWN OF FEAT	w	200	em	and Andreas	OR OTHER BYSTI		OF WORK FOR Airlin	R MOST OF WORK	ING LIFE) IND	USTRY	line
filled in the box	13a. S		Ta.	other institution Ity 1bot	13c. CITY OR 1	chaels		NOX	13e. STREET AD		011ow	21	1663
daz see	J. F.	THER'S NAME	Α.	MIDDLE	LAST	1	15 MOTHER'S	IRST	^	AIDDLE		LAST	
	160	Robert		llen		ber ECURITY NO.	Nell		E	ADDRESSP		ams) 1 /.
MORE Page				E WAR OR DATES)		5-532	100		. Barb				
ST., BALTI rtificate be anpapers. emavol. event, the		18 CAUSE OF DEATH PART I. DEATH WA	SCAUSE	ly one couse pe D BY: E CAUSE (0)			arres	h-				APPROXIMA	ATE INTERVAL ISET AND DEATH
death ce attending ave carbi		Canditions, if any, agove rise to imme		DUE TO, C	OR AS ALCONS	whi	cular 7	achy	Card	en			
201 W. PR es that the ned by the please rem urial, cremo		cause (a), stating underlying cause	lost.	DUE TO, C	10	OUENCE OF	, an	sery	Mass	ise		84	n
	TION	PART 2. OTHER SIGNII	M	bent	rii	Vaser	N WAS PERFOR	chis	NAL DISEASE C	niger	FYES, WERE	Jeans	Failne
AL REC	CERTIFICATION		1			TICH OPERATIO			YES 🗆 N	IOM SINC	YES _	CAUSES O	PE DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ther this certificate has been signs the buriol-transit permit. Then the and Mental Hygiene prior to be arked ar them 18 shows any injury		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DE	HOUR A		DAY YEAR	716. HOW INJ	URY OCCURR	ED (ENTERNATUR	E OF INJURY IN ITE	M 18 PART I OR	PART 2)	
DIVISION ING PHYSI after this ce os the buri lith and Mer	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK			OF INJURY	FICE, FARM ETC)	211 LOCATIO STREET	N		TITY OR TOWN	co	UNITY	STATE
ATTENDIN Aspiral or ICTOR: At A for use o A for use o I. of Health		22a. I certify that (I) (1 saw the deceased above, (I) (we) (dia	alive on	611			nd that in (my) (our) opinion o	, to leath occurred o	on the date and	d hour and f		ot (I) (we) fost
OR DORE		27b. SIGNATURE	J	n Ha	Jood	7			MEDICAL DIRECTOR [STAFF PHYSICIAN		6	SIP3
retained by the TO FUNERAL should be det with the State MAPORTANT.		22d. PHYSICIAN'S NAM		Hh	lood	5	22e ADDRESS	EA	STON	Ma	/,		
		BURIAL, CREMATION, RI	EMOVAL				CEMETERY OR C		23d LOCATI	TOWN	COUN		STATE
BP	_	remation UNERAL DIRECTOR		6-3-8	33	De Ima:	rva Cre		y Lew		Susse GISTRAR'S		Del
DHMH - 16 50M 4/B2 (VRA 15, 4)		ewnam Fun	era	1 Home	ADDR E	aston	, Md.	JUN	6 198		and	Can	il !

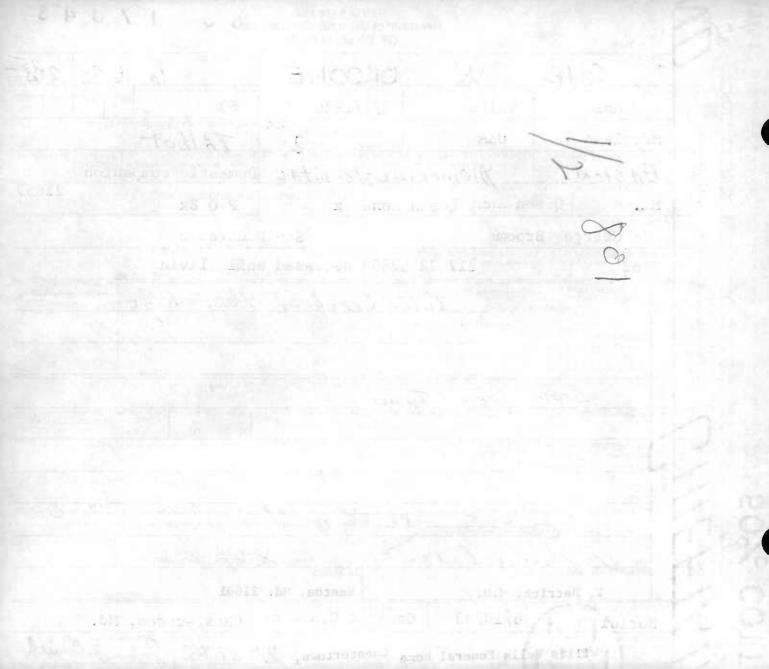
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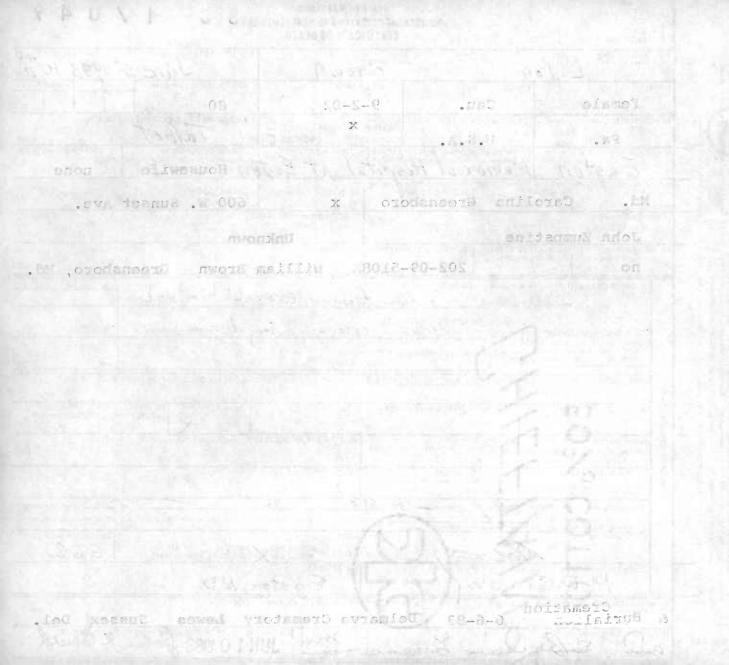
	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	17	0 4	7
(00)		CEASED NAME FIR	The second second	MIDDLE	0	AST		MONTH DAY		26. HOUR
		KC	STI	Li	101	CIDGES		6 14	83	17A M
ge 4 mo ector, p	3. SE.	Female	4 RACE	Negro	May 6	DAY YEAR	6. AGE (IN YEARS LAST BIRTI	YRS.		HOURS MIN.
nerol dir n 72 hou		RTHPLACE (STATE OR FOREK COUNTRY) Augustine		S.A.	8. MARRIEI WIDOWE	DI DIVORCED	9. BALTIMORE CITY OF	LBOT	DEATH	MD.
by the fu	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN ICH FACILITY, GIVE STREET	ADDRESS)	PROTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF FOOD, proce	WORKING LIFE)	126. KIND OF INDUSTRY FOODS	BUSINESS OR
filled in the fi	130. 5		one or other institution county aroline	13c. CITY OR TOW Federals		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 402 Federa	1 Garde	all	isol .
and 2 sho	14. FA	THER'S NAME FIRST George Cunn	MIDDLE	LAST		15. MOTHER'S MAIDEN NAME FIRST Frances		3 (4)	LAST	
0		VAS DECEASED EVER IN U	.S. ARMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRES	SFedera	alsbur	g. Md.
_ O. (E)	- (YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	266-24-	5235A	Rev. Albert			,	
physicion onpapers: emoval.		18 CAUSE OF DEATH IE	nter anly ane cause pe CAUSED BY: NEDIATE CAUSE (a)			asculer acc	ident		BETWEEN ON	ATE INTERVAL USET AND DEATH
tending re carbo an, ar re umatic e		Canditions, if any, wh	DUE TO, C	OR AS A CONSEQUE		A Marine Co	¢ .			
by the of ase removil, cremoting ather tra-		gove rise to immedia couse (a), stating underlying cause lo	the DUE TO, C	OR AS A CONSEQUE	ENCE OF					
signed Then ple ta buria njury, ar	No	PART 2 OTHER SIGNIFIC	CANT CONDITIONS	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART Ita	
hos been t permit. ene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES C	
certificate prial-transit tental Hygis terr 18 sh		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
After this c e as the bur alth and Me marked or H	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME S	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
TOR: Affor use of Health		220. I certify that (I) (this saw the deceased a obave, (I) (we) (did) (ert a 1	4. /	nd that in (my) (our) opinion o	, to	te and havr an		nat (I) (we) last auses stated
RAL DIREC detached late Dept. VT. If Item		22b. SIGNATURE	Wins!	/	/	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗆	6.1	4. 87
FUNE old be the Si		22d. PHYSICIAN SNAME M. D.	Crowles	1		220. ADDRESS Eas	ton, MD			
ē ○ ♣ ₹ ¥		BURIAL, CREMATION, REM (SPECIFY) Buria				emetery or crematory	23d LOCATION CITYOR TOWN	Carolin	OUNTY Mar	yland
H - 16 50M 4/B2	24. F	uneral director rantbom-Hawk				250. DAT	REC'D. BY REGISTRAR			

alous monopour coas i il action in the last the second temperal form of the committee and a supplementary and the supplem . It , small Lors English to the state of th All Installed and . is a state of the state of the leading the A stand of a local and a standard of the contract of the contr

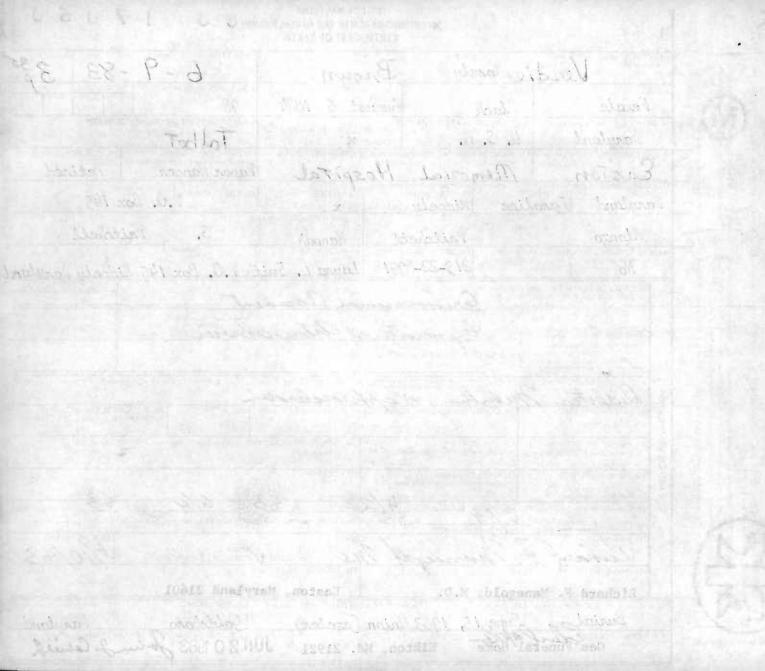
(VRA 15, 4)



+	FOR 1 - STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	17049
¥ 24°	I. DECEASED NAME FIRS	/ian	RYOWN		MONTH DAY YEAR 26. HOUR 4.8
food 'y	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HOAY) IF UNDER I YEAR IF UNDER 74 HRS
1	Female	Cau.	9-2-02	80	YRS.
(附)/5	70. BIRTHPLACE (STATE OR FOREIG COUNTRY)	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF	COUNTY OF DEATH
11/1/9	E aston	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION EST ADDRESS) " tal at Eas	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF HOUSEW	
24 hours	USUAL RESIDENCE (IF NURSING HC 130. STATE 13b. (Ca		ORE A MISSION) 134. INSIDE CITY LIMITS?	130. STREET ADDRESS	unset Ave. 2/639
mpletely and 2 sh	14. FATHER'S NAME FIRST John Zump	MIDDLE LAST	15. MOTHER'S MAIDEN N		LAST 4 a
ond co	160. WAS DECEASED EVER IN U.	S. ARMED FORCES? 166. SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRE	Greensboro Md.
he death certificate be exemple of the control of t	PART I. DEATH WAS C	rer only one couse per line for (a), (b), AUSED 8Y: EDIATE CAUSE (a) DUE TO, OR AS A CONSEC	dias failure è co	myplate heart &	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
sol W.	gove rise to immedio cause (a), stating to underlying cause (a) PART 2. OTHER SIGNIFIC.	DUE TO, OR AS A CONSECUTE.	DUENCE OF	RMINAL DISEASE OR CONE	DITION GIVEN IN PART 1(a
ne law re law re hos been permit.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
PHYSICIAN: 1) PHYSICIAN: 1) ending physician this certificate e buriol-transit d Mental Hygis d or Nem 18 sh		OF DEATH HOUR A.M. MONTH	DAY YEAR	IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORPART 2)
ING PHYS r attendin when this of the bund the and Medon!	OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL EX. 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21f. LOCATION STREET	CITY OR TO	NN COUNTY STATE
ATTENDIR spital or TTOR: Al for use of Healt	saw the deceased ali	haspital) attended the deceased by ve an 19	2'9	n death occurred an the da	, 19 , that (I) (we) last te and haur and fram the causes stated
ral OR a the hos ral DIREC	22b. SIGNATURE	Micoshy	DEGREE MD ATTENDING PHYSICIAN	MEDICAL STAF	FIAN DATE SIGNED
HOSPIT Pined by Sold be-	224 PHYSICIAN'S NAME	Crowley	270 ADDRESS East	on, MD	
or show	230. BURIAL, CREMATION, REAL	23b. DATE 23	L NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP	Cremation 24. FUNERAL DIRECTOR	6-6-83	Delmarva Cremato	ory Lewes	Sussex Del.
DHMH - 16 50M 4/82	24. FUNERAL DIRECTOR	ADDRES.		IIN 1 0 1983	John I Carrell



FOR



	1.	FOR STATE REGISTRAR			DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	17051
m m		CEASED NAME VI	rain i		Ca	Tlin OF BIRTH	20. DATE OF DEATH MONI	e 6, 1983 4 pm
s s s s s s s s s s s s s s s s s s s	3.30	Female	1	White			80	MONTHS DAYS HOURS MIN.
nerol dire	7a. Bi	RTHPLACE (STATE OR FOI	REIGN 7b. CIT	U.S.A.	OUNTRY? 8. MARR	NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
by the fu	10. C	Caston	H ILAN	NAME OF HOSPITAL	GIVE STREET ADDRESS	Spital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Housewife	RKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill ex dminer met be		AL RESIDENCE LIENURSING	Somers		OR TOWN STIELD	YES NO	380 N. Firs	t St. (21817)
E, MARYL.	J4 F/	William	MIDDLE	Ad	ams	15. MOTHER'S MAIDEN NA Annie	WIDDLE	Stevenson
ote be execut ote be execut ppers. Poges 1 vol.	1	VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED F (IF YES, GIVE WAR O NO NO	OR DATES)	-64-8841	R. William Ca	346 Dogw tlin- Lewes,	
Tr., BAL1 rificote I physicic onpopers emovol.		18 CAUSE OF DEATH PART I. DEATH WA	Enter only one S CAUSED BY: MMEDIATE CAL	V	Push	CVA		APPROXIMATE INTERVAL BETWEEN CONSET AND DEATH
he death celemon to the ottending emove carbo motion, or		Conditions, if ony,	0	DUE TO, OR AS A	MEMILE OF	arterior	lev	
W. of the state of		gove rise to imme couse (a), stating underlying couse		DUE TO, OR AS	U PULLE	usine Cardio	voscola Des	veine yes
20 20 ple ple pylon vrice	NO	PART 2. OTHER SIGNI	FICANT COND	ITIONS CONTRIBU	IN GITO DEATH BU	T NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITIO	DN GIVEN IN PART 110
he low re on. hos beer t permit. ene prior	CERTIFICATION	19a. DATE OF OPERATION	II NC	96 CONDITION FO	R WHICH OPERAT	ON WAS PERFORMED	200 AUTOPSY? 20b	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
N OF VITAL SICIAN: The ng physicio certificote horiol-tronsit item 18 short		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	1b. TIME OF INJURY HOUR A.M. MO P.M.		8	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir outending physicion. Os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK	D 2	Te, PLACE OF INJUR AT HOME, STREET, FACTO	RY	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDI Sittol or TOR: A or use of Heal		22a.1 certify that (1) (t	olive on 16	10	19.8 5	ond that in (my) (our) opinion	death accurred on the date o	nd hour and from the causes stated
OR A se hosp ched ched ched them		22b. SIGNATURE	m A	the body ofter dea)	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL of retoined by the TO FUNERAL I should be detoined by the Stote I with the Stote I IMPORTANT. If		22d. PHYSICIAN'S NAM	AE (TYPE OR PRINT	H Woo	5	22e ADDRESS	0/	
Bb	23a. I	BURIAL, CREMATION, RI (SPECIFY) Burial	EMOVAL 236	6/9/83	23c. NAME OF	CEMETERY OR CREMATORY dge Memorial	23d LOCATION	Ld-Somersat -Md.
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	UNERAL DIREGOR BE	& DSHEW	& SONS	ADDRESS CITY		N 1 3 1983	

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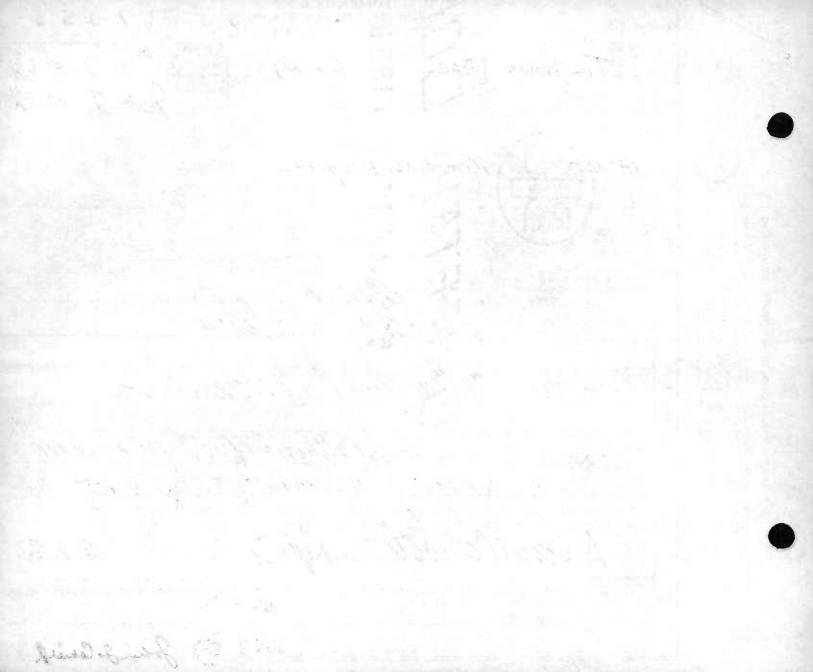
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Burial 6-9-83 Spring Hill Easton Talbot Md	
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Newnam Funeral Home Easton, Md. JUN 9 1983 Que a Cuita	1.1



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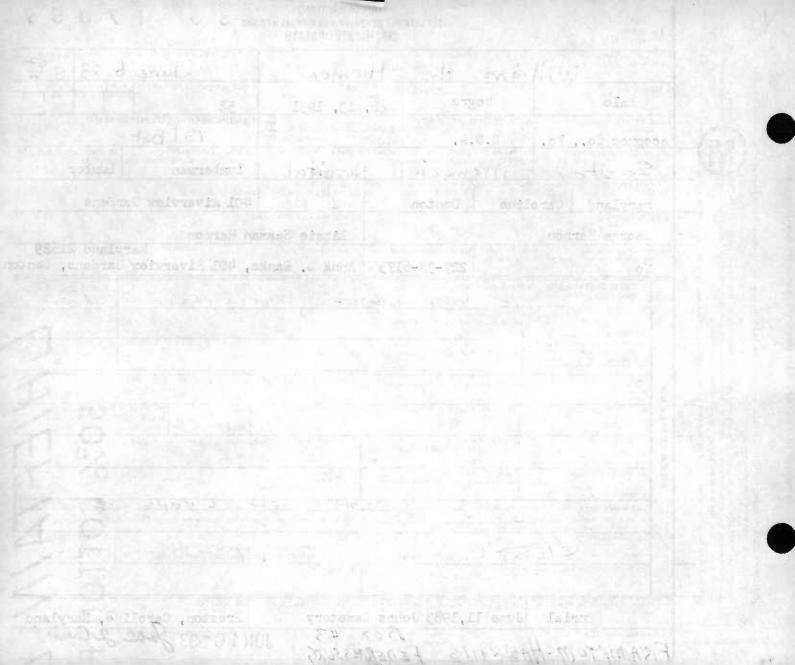
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O HOSPITAL OR AT etained by the hosp TO FUNERAL DIRECT should be detached fit with the State Dept. or		22b. SIGNATURE	aneffer	DEGREE ATTENDIN PHYSICIA	MEDICAL STAFF	6-15-83
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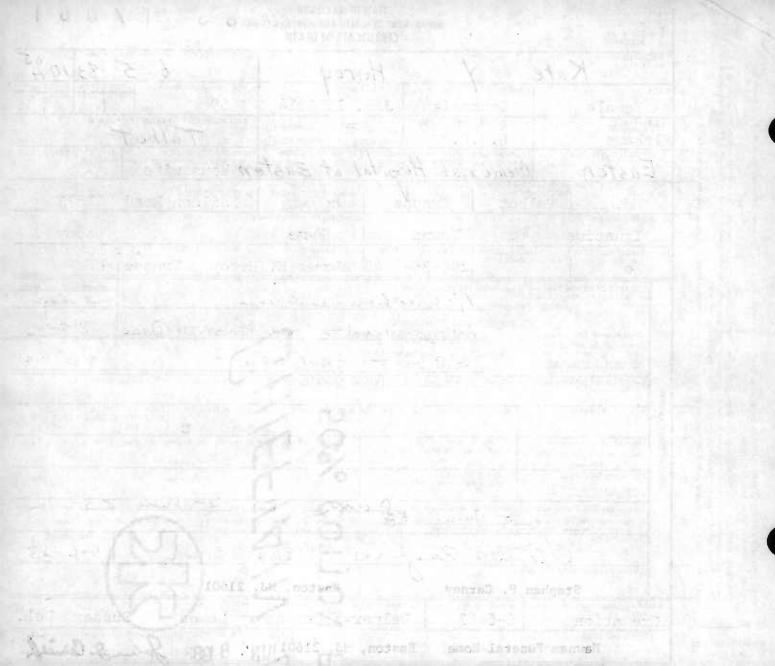
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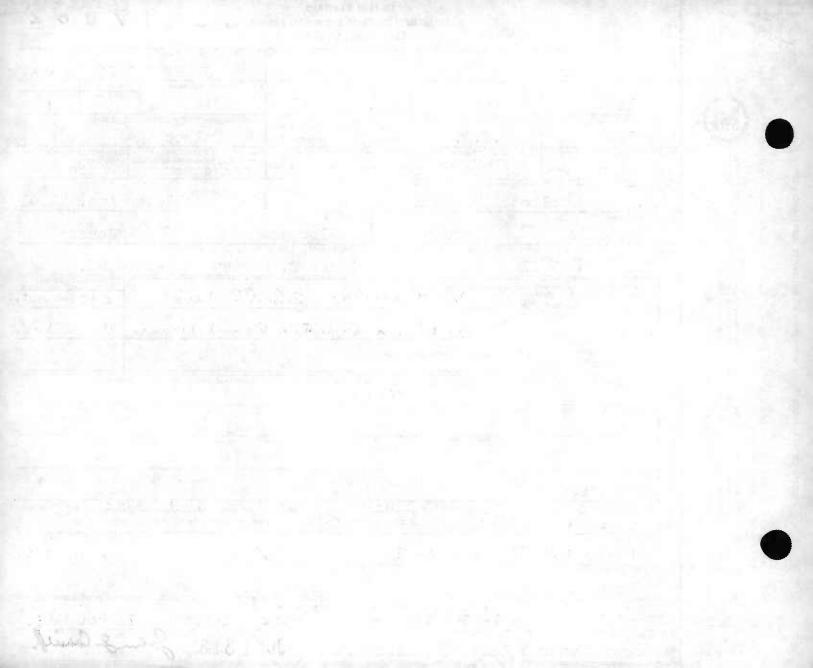
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(VRA 15, 4)





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AND		Md	1154		OOWED DIVOR			MD.
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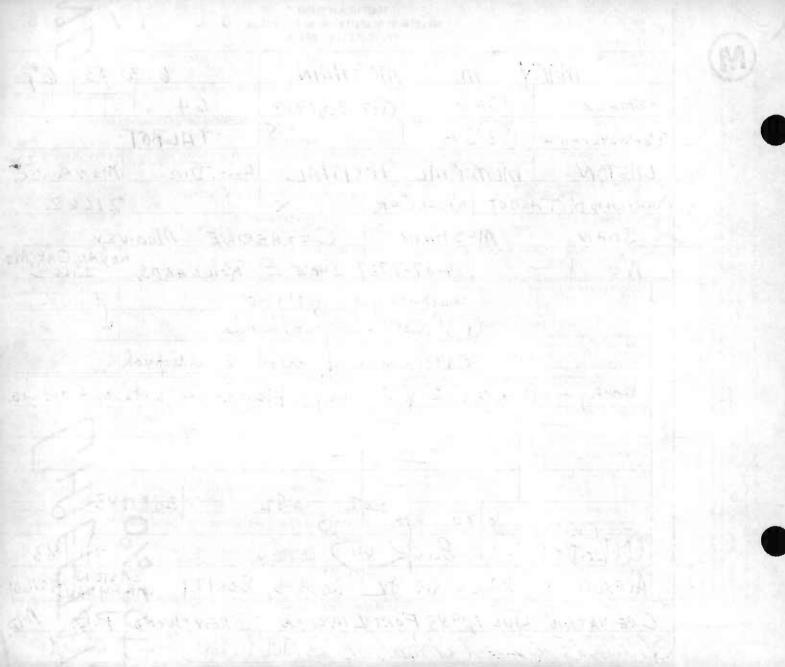
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AD DO	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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DIVISION OF VITAL RECORDS, NG PHYSKIAN: The law requir offending physician. Wher this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to be orked or them 18 shows any injury	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
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T T T R E O /		Michael D.	Crowley	Easton, N	id.	
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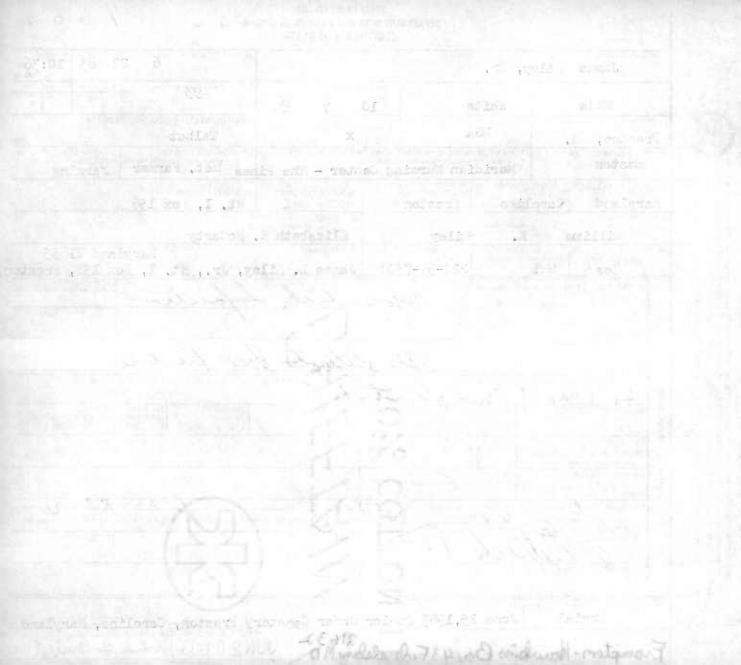
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* FINA	3. SE	Х	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BI	RTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of other day physician. We have certificate has been signed by the otherding physician and completely filled in by as the burial-transit permit. Then please remove corbon papers: Pages 1 and 2 should be filled to an Amental Hygiene prior to burial, cremation, or removal. One of the miles shows any injury, or other troumatic event, the medical examiner must be not accepted.	CERTIFICATION	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	None	MINAL DISEASE OR CON	NUTION GIVEN IN PART 110
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£ 0 2		Robert V	N. Trever, 1	M. D. ATTENDING PHYSICIAN	MEDICAL STA	CIAN V 6-25-83
	1	22d. PHYSICIAN'S NAME (TYPE O	PRINT)	22e ADDRESS		
- 0 - 0 - 0		Robert W	. Trever, 1	I.D. RD3 E	50× 297	Easton Md. 2160
0 f 0 f y ₹	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
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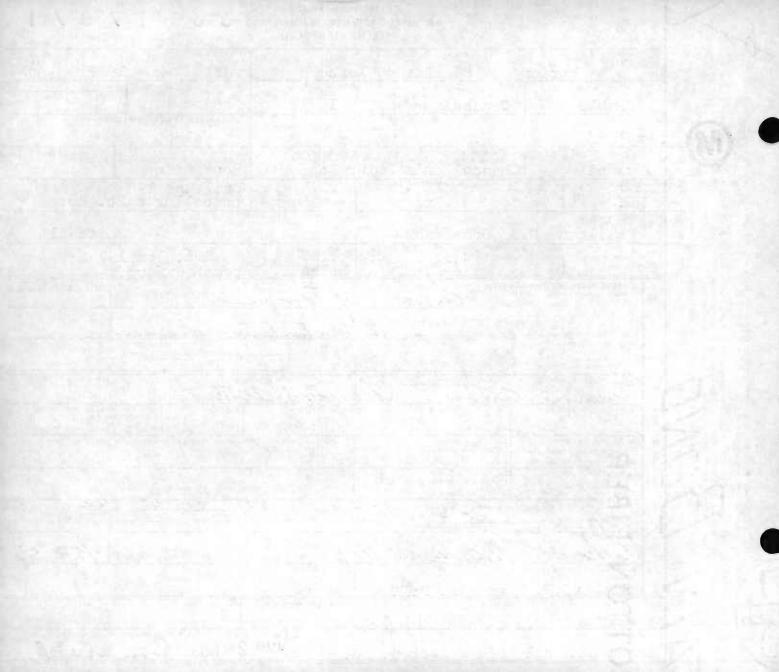
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Newnam Funeral Home

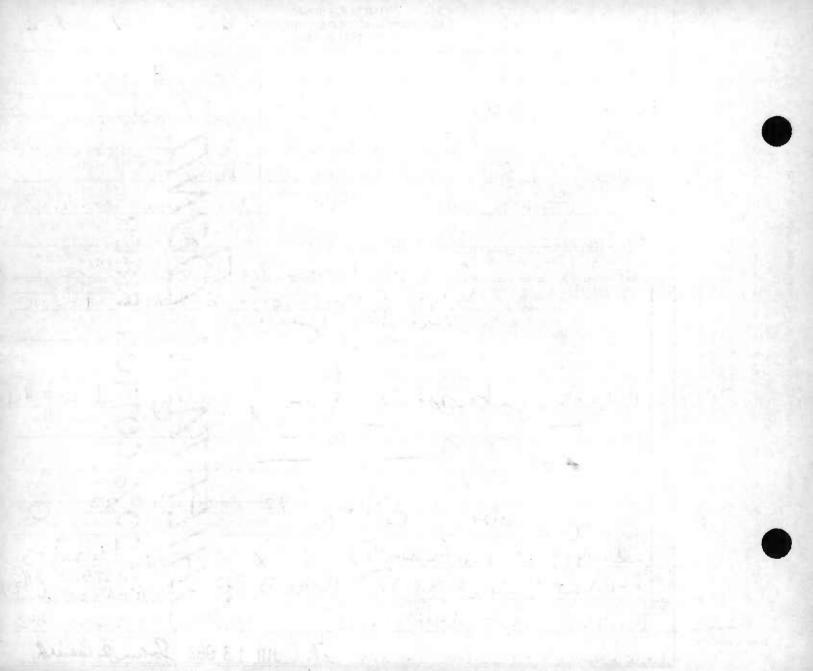
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		STATE OF MARYLAND
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	23a. BURIAL, CREMATION, REMOVAL	23b. DATE 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN
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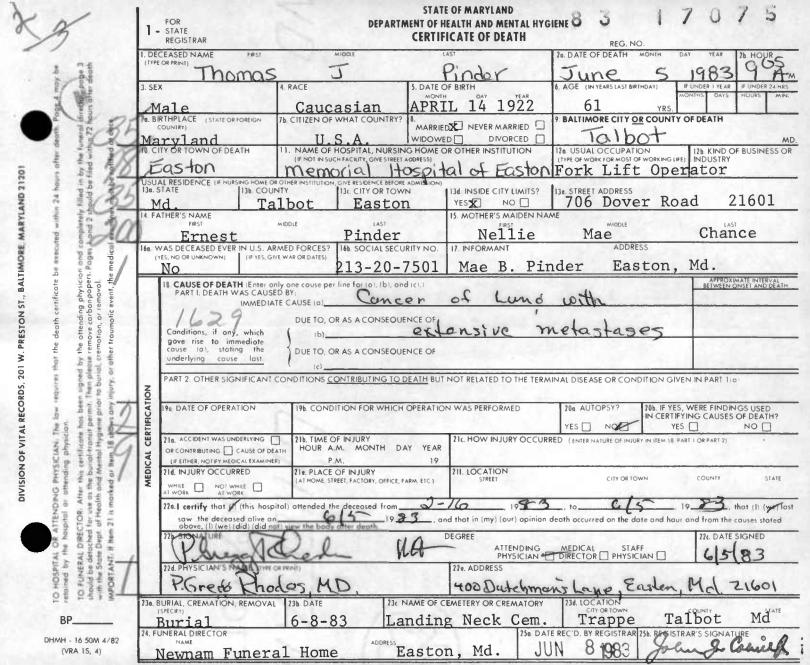
Newnam Funeral Home

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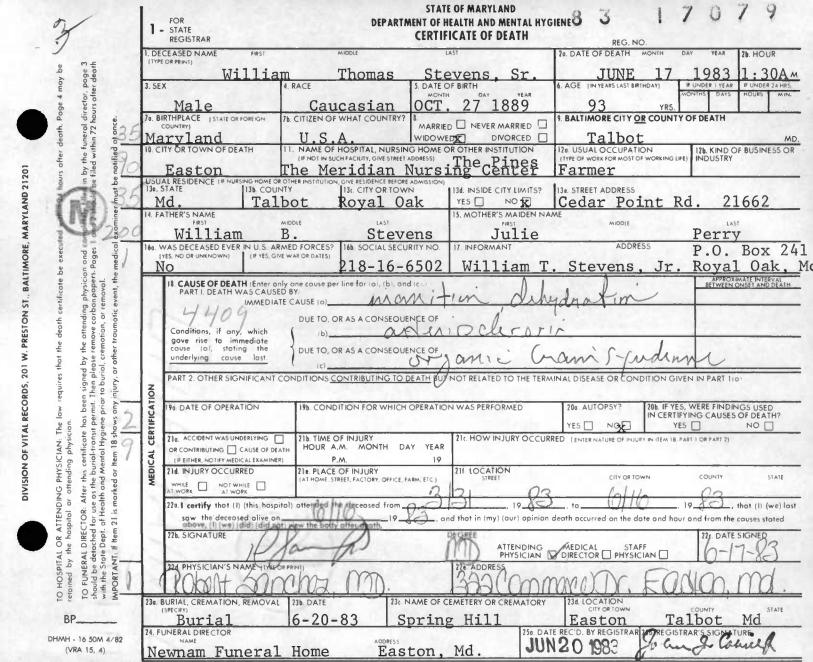


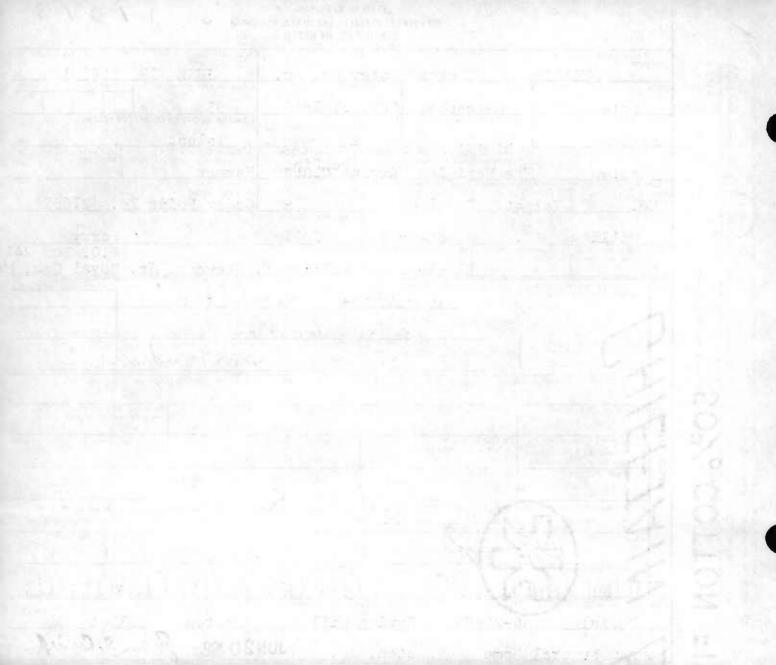
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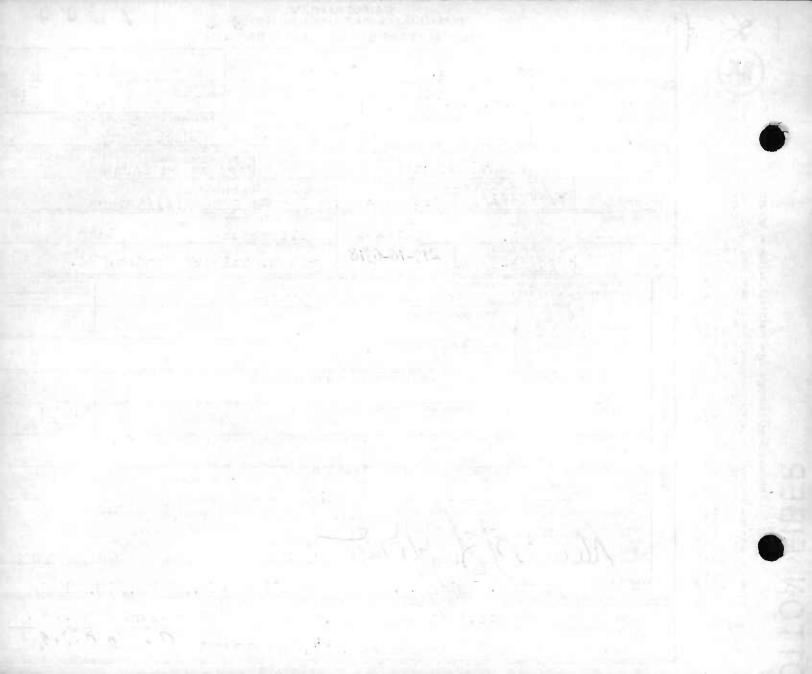
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N		GIVE WAR OR DATES)	165 SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRESS		HI ET
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	underlying cause last.	(c)_							133
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	Kulrare!	t. Ina	newli	el	PHYSICIAN	DIRECTOR	PHYSICIAN [1/28	18
	Richard F. N	lanegold.	, M.D.		Easton, M	Maryland 2	21601		
		AL 23b. DATE	231	NAME OF C	EMETERY OR CREMATO			COUNTY	STA
(3)	Burial	6/15	/83 C	oncor		y Dent	on Car	oline	Md.
	MEDICAL CERTIFICATION	Que rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN' 190 DATE OF PPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR CONTRIBUTING AUSE OF OR CONTRIBUTING AT WORK 210. I CONTRIBUTING AT WORK 220. I Certify that (I) (this has saw the deceased alive above 1) (we) (did) (did) 220. PHYSICIAN'S NAME (TYP RICHARD F. 1) 230. BURIAL, CREMATION, REMOVALED AND CAUSE OF COURSE OF COU	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO (c) 190/DATE OF PPERATION 190/DATE OF PPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO A.M. MONTH OR CONTRIBUTING A.M. MONTH OR A.M. MO	DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 190 DATE OF OPERATION 190 CONTRIBUTING TO DEATH BUT 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 220. I certify that (I) (this haspital) ottended the deceased from object (I) (we) (did) (did not) view the body after death. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Richard F. Manegold, M.D. 230. BURIAL, CREMATION, REMOVAL 230. BURIAL, CREMATION, REMOVAL 231. BURIAL 232. RAME OF C. BURIAL CONCORD	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TITLE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TITLE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TITLE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TITLE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TITLE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TITLE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TITLE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TITLE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TITLE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TITLE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TITLE OF CONTRIBUTION TO TO THE TITLE OF CONTRIBUTIO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF THE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF THE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF THE CONDITION FOR WHICH OPERATION WAS PERFORMED 21g. ACCIDENT WAS UNDERLYING AND A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 21g. ACCIDENT WAS UNDERLYING AND A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 21g. ACCIDENT WAS UNDERLYING AND A.M. MONTH DAY YEAR (IF EITHER NATURE) 21g. ACCIDENT WAS UNDERLYING AND A.M. MONTH DAY YEAR (IF EITHER NATURE) 21g. ACCIDENT WAS UNDERLYING AND A.M. MONTH DAY YEAR (IF EITHER NATURE) 21g. ACCIDENT WAS UNDERLYING AND A.M. MONTH DAY YEAR (IF EITHER NATURE) 21g. ACCIDENT WAS UNDERLYING AND A.M. MONTH DAY YEAR (IF EITHER NATURE) 21g. ACCIDENT WAS UNDERLYING AND A.M. MONTH DAY YEAR (IF EITHER NATURE) 21g. ACCIDENT WAS UNDERLYING AND A.M. MONTH DAY YEAR A.M. MON	Conditions, if any, which gave rise to immediate cause (ol.) stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF THE CONDITION O	Conditions, if any, which gave rise to immediate couse

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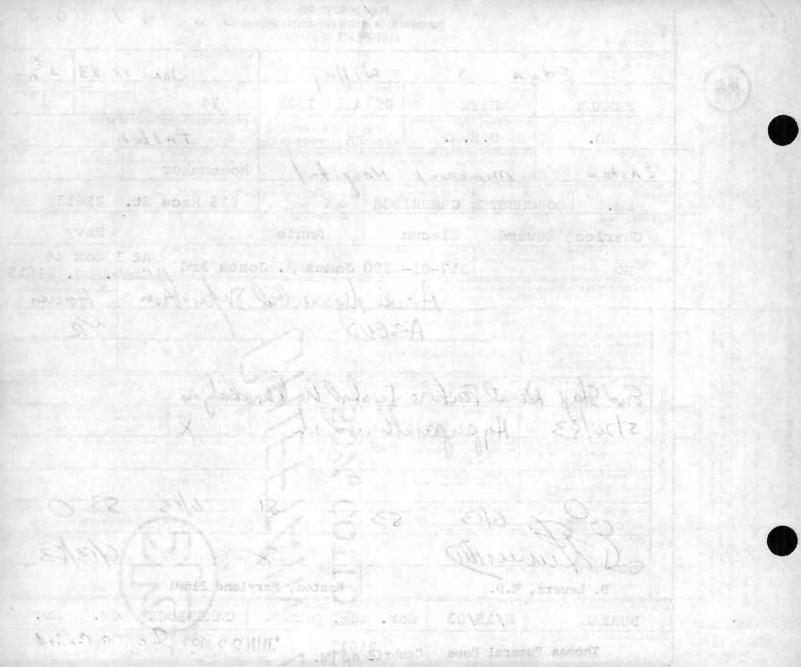
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VRA 15, 4)



FOR

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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